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| | Application Number | 10/616,453 .. |
| | Filing Date | July 8, 2003 |
| | First Named Inventor | Kley, Victor B. |
| | Art Unit | 2883 |
| | Examiner Name | C.M. Kalivoda |
| | Attorney Docket Number | 020921-001612US |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Enclosed is the Response to Restriction and/or Election Requirement, in response to the Office Action dated July 28, 2005 for the above-identified application. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | David N. Slone | | |
| Date | August 29, 2005 | Reg. No. | 28,572 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|------------------|------|-----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | | | |
| Typed or printed name | Valerie Peterson | Date | August 29, 2005 |



PATENT
Attorney Docket No.: 020921-001612US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

VICTOR B. KLEY

Application No.: 10/616,453

Filed: July 8, 2003

For: SCANNING PROBE
MICROSCOPY INSPECTION AND
MODIFICATION SYSTEM

Customer No.: 20350

Confirmation No. 1054

Examiner: C.M. Kalivoda

Technology Center/Art Unit: 2883

RESPONSE TO RESTRICTION AND/OR
ELECTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed July 28, 2005, Applicant responds to the Examiner election/restrictions request as follows:

Claims Listing begin on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.